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TO: U.S. Patent and Trademark Office
Examiner: Ly T. Tran
Art Unit: 2853

DATE: October 10, 2003

FROM: Erin P. Madill

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 22

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MESSAGE:

Patent Application No.: 09/828,312; Our Ref. 83020.0002

I hereby certify that the following documents:

☒ Amendment/Amendment Transmittal Letter

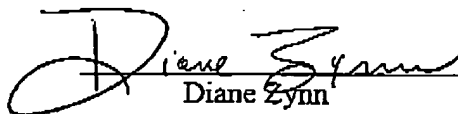
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TELECOPY/FAX NUMBER: 703-872-9318 ART UNIT 2853

CLIENT NUMBER: 83020.0002

ATTORNEY BILLING NUMBER: 3606

CONFIRMATION NUMBER: 703-308-0752 (return fax to Diane Zynn)

FORM PTO-1083

Attorney Docket No. 83020.0002
Patent Application No. 09/828,312

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

WANIBUCHI, *et al.*

Serial No: 09/828,312

Filed: April 5, 2001

For: CLEANING DEVICE AND INK-JET PRINTER

Art Unit: 2853

Examiner: Ly T. Tran

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Date

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Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Small entity status has been claimed. See 37 CFR § 1.27.☐ A certified copy of ___ Patent Application No. ___ filed ___ from which priority is claimed under 35 U.S.C. § 119 is enclosed.☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	72	-	72	**	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	7	-	7	***	0	LG=\$84 SM=\$42	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140		\$ 0
Independent Claims: 4, 5, 6, 14, 18, 21, 35					TOTAL		\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge the fee of \$___ for the additional claim fees to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☐ Please charge the fee of \$___ for the ___ extension of time to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17Respectfully submitted,
HOGAN & HARTSON L.L.P.By: *Darius G. Aldi*Darius G. Aldi
Registration No. 51,386
Attorney for Applicant(s)

Date: October 10, 2003

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